

EMPLOYER: _____ EEO COORDINATOR: _____ SIC CODE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ FAX NUMBER: (____) _____ E-MAIL: _____

ALL EMPLOYEES (FULL-TIME, PART-TIME, TEMPORARY AND SEASONAL)

JOB CODE	JOB CATEGORIES	A.H.O.* over the next two years	MALE					FEMALE					TOTAL (A - J)
			WH (A)	BL (B)	HI (C)	AP (D)	AA (E)	WH (F)	BL (G)	HI (H)	AP (I)	AA (J)	
01	OFFICIALS & MANAGERS												
02	PROFESSIONALS												
03	TECHNICIANS												
04	SALES WORKERS												
05	OFFICE & CLERICAL												
06	CRAFT WORKERS (SKILLED)												
07	OPERATIVES (SEMI-SKILLED)												
08	LABORERS (UNSKILLED)												
09	SERVICE WORKERS												
10	CURRENT TOTAL EMPLOYMENT												
11	TOTAL EMPLOYMENT IN LAST REPORT												

H: WHITE

HI: HISPANIC

AA: AMERICAN INDIAN/ALASKAN NATIVE

BL: BLACK

AP: ASIAN/PACIFIC ISLANDER

- A.H.O. = Anticipated Hiring Opportunities (including all attrition plus possible expansion)

I affirm that the information entered on this form and on all attachments are accurate and true to the best of my knowledge.

(Signature)_____
(Title)_____
(Date)